



FAMILY SERVICE COORDINATOR QUARTERLY PROGRESS REPORT FORM AND INSTRUCTIONS

Complete form according to the following schedule:

Due Date to SPOE	Report Period
October 15	July 1-September 30
January 15	October 1-December 31
April 15	January 1-March 30
July 15	April 1-June 30

Each outcome must be reported on separately with all services supporting that outcome addressed.

Disposition of Form:

Original FSC Quarterly Summary—send to SPOE for inclusion in child's early intervention record

Copy 1—send to family

Copy 2—maintain in FSC clinical file

Additional copies may be sent to IFSP team members or other parties (such as primary care physician). Written parental consent is required for sharing with anyone other than IFSP team members.

EARLY STEPS OF LOUISIANA QUARTERLY PROGRESS REPORTS

Child's Name:	DOB:	Date:
Address:	Family Service Coordinator (FSC):	
Parent/Guardian:	FSC phone number:	

Quarterly Progress Towards Outcome(s):

Outcome #	Progress Summary: what is the child doing differently now than before?	Eval Scale*	<u>Name of Provider and Service Type</u>

Family Changes that impact development	
Other Significant Changes	

*Evaluation Scale: 1=Situation changed; outcome not needed, 2=Situation unchanged; still need outcome, 3=Outcome partially attained, 4=Outcome Accomplished

Family Service Coordinator Signature

DATE